

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED NOV 17 1948

STANDARD CERTIFICATE OF DEATH

State File No. **36081**
Registrar's No. **40**

Registration District No. **109**

Primary Registration District No. **5424**

1. PLACE OF DEATH:

(a) County Bunklin
(b) City or town Rural Union Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or days

3. (a) PRINT FULL NAME Imma Lee Johnson

3. (b) If veteran, _____ 3. (c) Social Security No. _____
name war _____

4. Sex female 5. Color or race white
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased July 22 1948
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
3 3 _____ hr. _____ min.

9. Birthplace Walscomb Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

12. Name James Johnson (1)
13. Birthplace Bunklin County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Selen Farmer
15. Birthplace unknown Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant James Johnson
(b) Address Campbell, Mo. R. 1

17. (a) Burial (b) Date thereof 10-25-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Stanfield Cemetery

18. (a) Signature of funeral director Landers Funeral Home
(b) Address Campbell, Mo.

19. (a) 11-8-48 (b) Mrs. Bertha Campbell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bunklin ³⁵
(c) City or town Campbell Rural ⁵
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25th
year 1948 hour 1:00 minute A. M.

21. I hereby certify that I attended the deceased from
Oct. 24th 1948, to Oct. 24th 1948;
that I last saw her alive on Oct. 24th 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia ^{Duration} 2 days?
Due to measles ^{1 WK.}

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 107
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? No

While at work? _____ (Specify type of place) (e) Means of injury No

23. Signature Wallace A. Selsby (M. D. or other) md.
Address Campbell Mo Date signed 10/26/48

RECEIVED
District Health Office No. 2
District File Number 1148-15
Date Filed 11-15-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Not Embalmed
Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.